

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43242

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 350

1. PLACE OF DEATH:

(a) County. Vernon  
(b) City or town. Washington Township  
(c) Name of hospital or institution: State Hospital No 3 Nevada Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution. 2 mo 6 dys.  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

Clarence Lee Ogden

3. (b) If veteran,  
name war.

Not known

3. (c) Social Security  
No. None

4. Sex Male  
D

5. Color or  
race White

6. (a) Single, widowed, married,  
divorced. Married

6. (b) Name of husband or wife  
Not known

6. (c) Age of husband or wife if  
alive years

7. Birth date of deceased

Aug  
(Month)

16  
(Day)

1905  
(Year)

8. AGE:

Years

Months

Days

If less than one day

46

3

30

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Gower 1

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Not known

13. Birthplace

Unknown

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(State or foreign country)

16. (a) Informant

State Hospital Records

(b) Address

Nevada Mo

17. (a)

Burial

(b) Date thereof

12-16-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

State Hosp No 3 Mortuary

18. (a) Signature of funeral director

State Funeral Service

(b) Address

Nevada, Mo.

19. (a)

12-15-41

(b)

Allen V. Lays

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 523 Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1941 7 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from  
Oct 9th 1941 to Dec 15th 1941;  
that I last saw him alive on Dec 14th 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Meningo Encephalitis

Due to

Rues

Due to

Other conditions

Maniacal Exhaustion

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. S. Warach (M. D. or other) O  
Address Nevada, Mo. Date signed 12/15/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2123

Date Filed 1-7-42

STATEMENT BY LICENSED EMBALMER

*not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me~~, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen J. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.